

Instructions

Form E54 - Stage I Gasoline Throughput

Please complete this form and return to the address below NO LATER THAN APRIL 15 of the year after the reporting year. Complete the requested information for each facility on a separate form. Only include facilities located in Metro Louisville/Jefferson County, Kentucky.

For **Permit #**, enter the permit number on your operating permit or the emissions inventory letter from APCD. Or if the facility is covered by a Title V, FEDOOP or Minor Source operating permit, enter the plant ID.

In the table, list the amount of **gasoline** dispensed in each month of the reporting year.

The "Page Identifier" box at the very bottom is a place where you can enter your own identifier for this copy of this form among any other pages in your emissions inventory submittal.

Louisville Metro Air Pollution Control District

Form E54 - Stage I Gasoline Throughput

Permit #: (or Plant ID) Emission Year:

Company Name:

Facility Name:

Facility Street Address: ZIP Code:

Company Contact Person:

Name: Title:

Phone #: E-Mail Address:

Mailing Address:

City: State: ZIP Code:

Throughput	
Month	Gallons of Gasoline
January	<input type="text"/>
February	<input type="text"/>
March	<input type="text"/>
April	<input type="text"/>
May	<input type="text"/>
June	<input type="text"/>
July	<input type="text"/>
August	<input type="text"/>
September	<input type="text"/>
October	<input type="text"/>
November	<input type="text"/>
December	<input type="text"/>
Total	<input type="text"/> 0

Certification by Responsible Company Official

Based on available information and beliefs formed after reasonable inquiry, I certify that the statements and information in this document are true, accurate, and complete to the best of my knowledge.

Signature*: Date:

Printed Name: Title:

Phone #: E-Mail Address:

*The certifying individual must be a responsible company official, pursuant to LMAPCD Regulation 2.16, Section 3.5.11, if a Title V operating permit has been issued. For all other permitted sources, the certifying individual shall be an authorized person of the company.

Page Identifier: